

South Central Center for Public Health Preparedness (SCCPHP)
Web Broadcast Questionnaire
(Sarpy, S.A. 2004)

Title: **Behavioral Obesity Treatment: Today's State of the Art**

DIRECTIONS: Mark the response that represents best your response to each item. There are no right or wrong answers, so please be candid and try not to let your response to one item influence your response to other items. Be sure to answer each item. Data will be used for the sole purpose of reporting to the funding agency.

PLEASE FAX COMPLETED EVALUATION TO THE SOUTH CENTRAL PUBLIC HEALTH PARTNERSHIP AT TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE AT (504) 324-0641.

Part I: Participant Information

What is your gender? ☐ Male ☐ Female || Date: _____

In which state are you currently employed? _____

Which of the following categories best describes your race/ethnicity?

- ☐ White/Caucasian ☐ Asian or Pacific Islander
☐ Black/African American ☐ American Indian or Alaskan Native
☐ Other (please specify) _____

Including this calendar year, how many total years have you worked in your current employment agency?

- ☐ 0-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-more

Which of the following categories best describes the geographic region in which you work most often?

- ☐ Urban/Inner City ☐ Suburban/Metropolis ☐ Rural/Sparsely populated

Including this calendar year, how many total years have you worked in community/public health?

- ☐ 0-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-more

Which of the following describes best your current position?

- | | |
|---|---|
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> Health Educator |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Environmentalist/Sanitarian |
| <input type="checkbox"/> Nurse/Nurse Practitioner | <input type="checkbox"/> Laboratorian |
| <input type="checkbox"/> Social Worker/Counselor | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Aide/Outreach Support | <input type="checkbox"/> Technical/Computer |
| <input type="checkbox"/> Nutritionist/Dietician | <input type="checkbox"/> Disease Intervention Specialist (DIS)/ Investigator/Epidemiologist |
| <input type="checkbox"/> Other _____ | |

Which health department do you work for? _____

Part II: Training Effectiveness

Please indicate how much you agree with each of the following:

After completing this training, I feel confident that I can effectively:

(Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = neither agree nor disagree, 4 = Agree, 5 = Strongly Agree)

		1	2	3	4	5
1.	Review empirical data on health outcomes of effective behavioral weight control programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Identify components of effective behavioral weight control programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Provide details on implementation of behavioral weight control strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer each of the following short answer questions.

4. What aspects of this training did you find most relevant for your job? Please be as specific as possible.

5. How will you be able to use the training to improve your job performance? Please be as specific as possible.

6. Did you experience any technical difficulties that interfered with your learning experience? If so, please explain.

7. Please Indicate how you viewed this training.

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